



PATIENT

Mauie Maha

SPECIES

Feline

BREED

Scottish Fold

SEX

Male

AGE

1 ½ years

WEIGHT

4.7 lbs

PRESENTING CLINICAL SIGNS

History: Mai was presented with the complain of hindlimb limping. On PE, grade 2 parasternal heart murmur was intermittently heard. The murmur was not heard with the slower heart rate. As the hear rate accelerated, murmur was heard. Currently on GS capsules for the FIP treatment for 2 months. Doing great otherwise and no other complains. Bilateral patellar luxation was identified as the cause of lameness

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of “smoke” or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. The **left ventricle** presented excessive free wall and septal thicknesses with hypertrophic thicknesses compared to normal for this species. False tendon was noted in the left ventricle. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** velocity was excessive with systolic anterior motion. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Inam ul hag

HOSPITAL NAME

City Veterinary Clinic
Alain

REFERRING VET

Dr. Inam ul hag

INVOICE

42326

DATE

11/4/22

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT		220	0.62	1.22	0.72	50	
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT				2.5		NM	
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							



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ULTRASONOGRAPHIC FINDINGS

Most consistent with hypertrophic cardiomyopathy with false tendon and dynamic obstruction.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend Atenolol therapy at 6.25 mg b.i.d. to reach target heart rate less than 180. A recheck echocardiogram is recommended in 6 months or earlier if clinical signs develop. There was no evidence of cardiac failure noted at this time. Given the hind limb issues an abdominal sonogram focusing on the aorta and iliac trifurcation with color flow assessment is recommended to assess for thrombosis.

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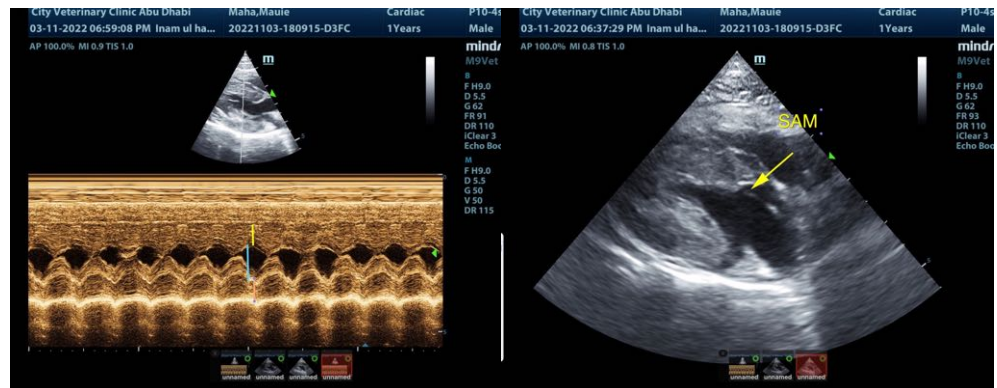
Male

AGE

1 ½ years

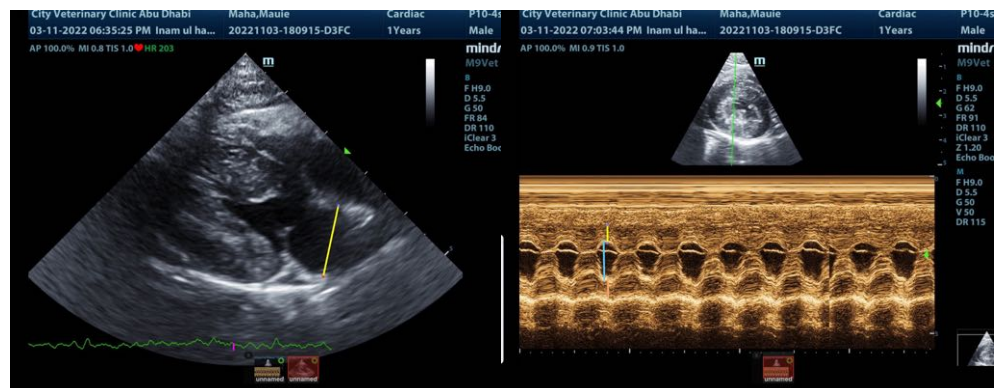
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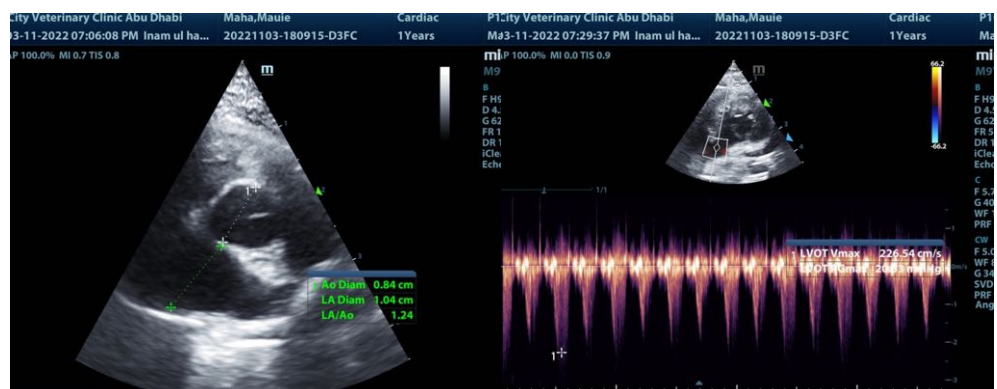
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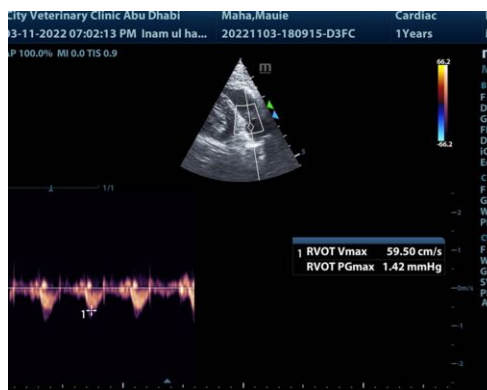
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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